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ANATOMY, SURGERY, AND OPHTHALMOLOGY.

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ART. I.—*On Colotomy (Amussat's Operation), for the Relief of Cancer of the Rectum.* By GEORGE C. BLACKMAN, M. D., Prof., etc.

LUKE KING, colored, and aged 35, was admitted into St. John's Hospital, early in October last. He stated that, until about one year before, he had always enjoyed good health. During the year, he had repeated attacks of hemorrhage from the rectum, and, as there was some protrusion, he supposed he was suffering from the "bleeding piles." For several months he had observed that at times his feces were flattened, ribbon-like. His bowels would frequently become constipated and his abdomen much swollen. This condition would often last for several days; then, after much violent straining, he would have a partial evacuation, attended with most terrible pain. At times he would lose all control over the passage of fecal matter, and there would be a constant dribbling, mixed with blood and very offensive matter. At such times the scalding, burning sensations were intolerable. For several months before his admission he suffered from pain in his left hip, and he has gradually lost the power of motion of that lower extremity. The pain extended from the back part of the hip to the foot, and the latter has been for a long time somewhat swollen. The functions of the bladder were not materially impaired. On the

10th of October, with my friend Dr. N. Foster, I made a careful exploration of the rectum, and found that as far as the finger could reach (some three or four inches) it was filled with a fungus mass, bleeding freely from the slightest touch. The finger, when withdrawn, was covered with a bloody, sanious discharge, and its odor characteristic of malignant disease. Our diagnosis was cancer of the rectum. The patient had had no evacuation of the bowels for ten days. The patient was unable, or unwilling, to take solid food, and was becoming rapidly emaciated. I persuaded him to take a more generous diet, in view of the operation which I proposed to perform, but milk and beef-tea constituted his chief sustenance. On the 15th of October the patient was brought into the amphitheater, and, in the presence of a number of physicians and students, I exposed, according to the usual method, the left descending colon in the lumbar region, and, having secured it by means of a ligature, I made an incision into the bowel of about one and a half inches. The intestine was then fastened to the lips of the wound by several interrupted sutures. On incising the colon, neither feces nor flatus escaped, but, with the point of my finger, I could easily reach the solid contents of the bowel. I made no attempt to bring on a discharge, but removed him to his bed, and directed him to keep quiet. The stitches were not removed until the ninth or tenth day. About this period a dose of castor-oil was administered, and fecal matter passed freely both by the artificial anus and the rectum. From that until the present time—December 26th—the fecal matter has passed altogether through the artificial opening. The patient has indulged freely in the use of solid food, and has gained rapidly in flesh and strength. During the past ten weeks he has had two attacks of hemorrhage from the fungus mass within the rectum. One of these was severe, and required injections of persulphate of iron to arrest it. With the exception of these temporary drawbacks, his improvement has been most gratifying, not only to himself, but to all who have witnessed the progress of the case. Since the operation he has occasionally, from imprudence in eating, been troubled, for a day or two, with diarrhea and incontinence; but, as a general rule, the artificial anus has given him no trouble on this account. He states that, when his bowels are in a natural condition, fecal matter passes readily; then, as in a healthy condition of the rectum and anus, the opening seems to close. There is at the present time a plug of mucous membrane, which gently protrudes, and which probably aids, to a certain extent, in the retention of the feces. The patient suffers no more from the excruciating tortures which rendered him, before the operation, so mis-

erable, and which threatened soon to terminate his existence, and has no hesitation in declaring that, even if his life should not be prolonged another day, he has been amply repaid for submitting to the operation. He has taken one grain of opium every night since the operation, and is now taking of the bromide of iron three grains three times in the day, with occasional injections of the Persulphas Ferri to the diseased rectum. By these means we hope to hold in check the progress of the cancer; and, if he can regain the use of the left limb, he will be able to mingle with his friends, far less an object of disgust, on account of incontinence, than before the operation. Indeed, as we shall see in our future analysis of the cases in which this operation has been performed, where necessary, a pad, in the form of a truss, may be so applied as to render the patient's condition so comfortable that he may avoid even the suspicion of his "disgusting infirmity."

Professor Gross, in his comprehensive *System of Surgery*, third edition, 1864, Vol. II., p. 619, condemns in strong language the operation for the formation of an artificial anus; observing that it is founded upon misdirected sympathy, and that "it ought to be discarded as among the obsolete devices of surgery." He adds: "When we consider the object for which an artificial anus is usually established, we are struck with astonishment that this should be the case (*i. e.*, that any writer should speak of it with approbation); that any one possessed of the proper feelings of humanity should seriously advocate a procedure so fraught with danger, and followed, if successful, by such disgusting results. I can not, I must confess, appreciate the benevolence which prompts a surgeon to form an artificial outlet for the discharge of the feces, in a case of imperforate anus in a child, in whom the rectum is either completely absent or terminates blindly several inches above its normal situation; or in a case of scirrhus of the bowel in an adult, in whom, from the very nature of the disease, life can not possibly be prolonged beyond a few brief weeks or months, at farthest. . . . . I have performed the operation but twice, and I do not think that any thing could ever induce me to attempt it again." He offers an apology even for describing the operation, but feels compelled to give an account of the proceeding, as his work is intended to exhibit an outline of the existing state of the science upon every topic of which it treats.

Mr. Pirrie, of Aberdeen, in the last edition of his *Treatise on Surgery*, (2nd Lond.,) quotes the above sentiments of Professor Gross with decided approbation; and we might refer to many other leading authorities, who, if they do not plainly denounce the operation, can offer but

little argument in its favor. For example, Professor Henry H. Smith, of the University of Pennsylvania, in his *Principles and Practice of Surgery*, ed. 1863, Vol. II., p. 441, concludes his account of the operative proceedings: "At first sight, it would appear that this operation must evidently expose the patient to loss of life, and can, at best, prolong it only at the expense of a most loathsome condition. That the bowels may be thus opened is certainly an evidence of the efforts of the surgeon toward relieving the defects of nature; but the results are by no means positive that the operation can secure to the patient even a continuance of a miserable existence."

Mr. Teale, of Leeds, however, in his valuable article on Intestinal Fistula, published in Costello's *Cyclopedia of Practical Surgery*, Vol. II., p. 219, lays down the following, and, in our opinion, the more correct, doctrine: "It has been maintained that the surgeon is not justified in prolonging the life of an infant in whom the anus and rectum are imperforate, upon the loathsome condition of an artificial anus; but such an opinion can not be justified upon any principle of morality, since an imperative obligation rests upon the surgeon to employ, to the utmost of his ability, the means placed at his command for the relief of human suffering and the prolongation of human life. . . . . In obstruction from carcinoma, the operation has been objected to on the ground that the disease itself must, in a short time, prove fatal; but if the obligation of the surgeon to prolong life in infancy be imperative, surely he will feel it no less binding in reference to adult age, when he considers how vast and important may be the concerns which hang upon the prolongation of life in an adult human being for a few months, or even for a few days or hours."

But how can we reconcile Professor Gross' sweeping denunciation of this operation with his instructions for the performance of amputations in malignant disease. The difficulty will not be lessened by the perusal of the following remarks, which he has to offer under the head of Operative Surgery and the Qualification of a Surgeon, p. 473, Vol. I., *op. cit.*: "It is a sad and humiliating spectacle to see a surgeon cut off a limb, or remove a cancerous tumor, merely for the sake of having it said that he performed an operation. I am daily shocked by the reports of cases of the extirpation of malignant growths, in the hospital as well as in the private practice of this and other countries. The question may well be asked, When will such silly and unmeaning, or, to use the proper expression, criminal procedures cease to disgrace our profession and to shock our sensibilities?" The reader will be astonished to learn that Professor G. is himself guilty of these "criminal

procedures." We give his own expressive language, copying from page 496, Vol. I., where he is speaking of amputation in general: "To cut off an arm at the shoulder, on account of an incipient cancerous affection of the head of the humerus, when the elbow, fore-arm, hand, and fingers are all perfectly natural and glowing with health—unconscious, so to speak, of the fate which awaits them—is enough to sicken the stoutest heart and to discourage the boldest operator. If there is a more disagreeable task than this, I am ignorant of it; *and yet I would not shrink from its performance* (the *italics* are our own), *even where there is but a faint prospect of prolonging life, if only for a few months.*"

Again, at page 501, he repeats the same doctrine; and, at page 477, he does not hesitate to recommend the amputation of a deformed foot, as he can see no difference between the physical suffering that is induced by a diseased bone and the mental distress that results from a distorted foot. If varicocele, by its mental effects, destroys the happiness and usefulness of a patient, he is ready to advise and perform on him an operation which, in his own skillful hands, has proved fatal. At page 924, Vol. II., we find Professor Gross advising operative interference in cases of malignant disease of the breast, when, "as not unfrequently happens, the patient's mind, filled with gloomy forebodings, is in a state of constant depression and despondency. Here the knife acts as a cordial; hope is revived, new life springs up, and, for a while at least, there is relief from suffering." In other cases, too, he would operate, as a palliative measure, to remove the effluvia which poisons the very air the patient breathes, or to rid them of the racking pain which prevents sleep and exhausts the patient. Some of these, as he truly says, may pass many years, after the operation, in comfort; and who, he asks, among a given number of cases, can foretell which may be the lucky exceptional one?

We might, if necessary, adduce additional proof, even from Professor Gross' teachings, that he, like the majority of surgeons, not unfrequently performs operations, the propriety of which might be called in question on juster grounds than that for the establishment of an artificial anus in malignant disease. If any further proof were required to show that life may be prolonged, and rendered more comfortable, after the removal of malignant disease, we might refer to the overwhelming testimony of Velpeau, who, in a communication to Professor Bennett, of Edinburg, states that "to my former list I could now add nine hundred and ninety-one cases. I would especially refer to that of Madame de la Vie, who was operated on, six years ago, for a larda-

ceous encephaloid, perfectly characterized, occupying the left breast. This lady, tolerably stout and otherwise strong, now possesses the most excellent health." He mentions various others.

Mr. Erichsen says, in the last (4th) London edition of his *Science and Art of Surgery*, page 1029, that he witnessed Amussat's first operation, in Paris, in 1839, and that since that period it has been performed nearly fifty times, and that when the operation has been followed by fatal results, peritonitis does not seem to have exercised any material influence, but death has been due to the influence of previous disease on the constitution of the patient, or to changes taking place in the diseased bowel, rather than to the operation itself, "which appears, occasionally, to have been uselessly done, at the last extremity." He adds: "We should, therefore, have less hesitation in performing the extra peritoneal (Amussat's) operation in an early stage of those cases in which it is called for than we should if the section itself were attended with any serious risk to the patient's life."

Mr. Henry Smith, in his article on Diseases of the Rectum, published in Holmes' *System of Surgery*, Vol. IV., page 221, would not advise the operation in "the last stage of the disease," even though sudden and complete obstruction should occur; but if it should take place during the earlier course of the disease, before the constitution of the patient has been much impaired, he declares that the surgeon is only doing his duty if he recommends a proceeding which, "although in itself surrounded with difficulty and danger, may yet prolong life for several months at least, and allow the patient to die, at last, in comparative ease."

We must defer our examination of Mr. Curling's most valuable paper on the *Treatment of Painful Cancer of the Rectum, without Obstruction, by Amussat's Operation*, until our next number, when we propose to analyze all of the cases which have been subjected to operation since Amussat performed it, in 1839, and to offer some remarks in reference to the best mode of accomplishing it. Carefully prepared drawings will accompany this part of our paper.

ART. II.—*Papers on the Surgical Diseases and Surgery of Children.* By M. P. GUERSANT. *Chiurgien honoraire de l' Hospital Des Enfants Malades. Membre honoraire de la Societe de Chirurgie.*

Translated from the French by J. C. REEVE, M. D., Dayton, Ohio.

(The series of papers now publishing in Paris, giving the profession the results of the long experience of the distinguished surgeon of the Children's Hospital, must prove acceptable to every practitioner. We are greatly indebted to Dr. Reeve for his excellent translation of them, and for the notes which he has added. Dr. R. will continue his translation for our journal.)

I. OPERATIVE SURGERY OF CHILDREN.

After having had charge of the surgical wards of the *Children's Hospital* for a period of twenty years, we have had a number of operations large enough to justify us in presenting our own experience, and some reflections upon the manner of operating, in general, upon subjects in early life. Our remarks in this article will be confined to three points—the preparation of the patient, the execution of the operations, and the after treatment.

I. *Preparation of the patient.* Some malformations, above all, imperforate natural outlets, should be operated upon immediately after birth, without preparation. Others, which do not present any obstacle to the accomplishment of functions or to the development of the infant, may be operated on at a period more or less remote; such are club-foot, phymosis, supernumerary and permanently flexed fingers, complicated hare-lip, etc., etc. We believe that in general operations, even those held to be practiced early with benefit, succeed better when performed fifteen days, three weeks, or a month after birth, a period when it can be seen whether the child nurses well, if all its functions are performed naturally—in a word, whether it thrives or not; there are more chances of success under these circumstances than one or two days after birth. During this delay, too, the child may be vaccinated if there are any grounds to fear the contagion of variola.

If the operation be not urgent, and admit of postponement, good surgery demands, in the hospital, and even in private practice, the selection of that season of the year when there is the least amount of sickness, and, above all, a time when there is no epidemic prevailing, such as small-pox, measles, diphtheria, scarlatina, etc.; and that season should be preferred which is most likely to present a regular and equable temperature. In these cases we should certainly vaccinate the little patients beforehand, and even re-vaccinate those who have reached the age of fifteen or sixteen; without which precaution they may die of variola while approaching a cure of the infirmity for which they have submitted to an operation.

Upon one occasion we performed amputation at the hip-joint, upon a child

five years old, for osteosarcoma of the femur, the pathological specimen being now in the Dupuytren museum. The wound was almost cicatrized, and success seemed assured, when the child, who unfortunately had not been vaccinated, was taken with variola and died thirty days after the operation.

It is of the very highest importance that, before deciding to operate, the surgeon act as physician, and examine the patient with the most scrupulous attention, in order to assure himself that no internal disease exists, no idiosyncracy of such a nature as to compromise the result of the proposed procedure or the life of the patient. Thus, it is very important to know if the child is subject to convulsions or possesses the hemorrhagic diathesis. It is well known that there are individuals in whom the slightest wounds give rise to bleedings extremely difficult to arrest, and we have more than once met with this disposition in children. In one case we postponed excision of the tonsils on account of purpura hemorrhagica, and it was only after the patient had been treated for two months with astringents and iron, that we decided to operate; yet in spite of this precaution, a hemorrhage followed the excision sufficient to cause us much anxiety. Therefore we believe it useful to prepare children subject to this peculiarity by the internal use of the perchloride of iron, for a period of eight days or a month. Upon another occasion we lost a child by convulsion which was subject to this nervous affection; this was also after excision of the tonsils, but cauterization had been frequently practiced for the hypertrophy of which these bodies were the seat.

It is also necessary to add that frequently it becomes necessary to prepare the little patient in a particular manner according to the operation to be performed. Thus, if we are about to establish an artificial anus, the bladder should be emptied; if to cut for stone, the rectum should be evacuated; in all cases digestion should be as complete and the bowels as clear as possible.

In regard to the mental condition, ordinarily we have no preparation to make with children. Some, however, having attained the age of reason, should be induced to submit to the operation by argument, making them understand that if we cause them pain, it is in order to cure them. But the majority should be operated upon without warning. In every case it is essential to be surrounded by aids capable of maintaining the patient in position, and able to put forth strength proportionate to any necessity. Sometimes, if it is intended to use chloroform, we should make a trial of it before the day of operation.*

II. *Execution of operations.* In a very considerable number of operations anæsthesia may be dispensed with; for the opening of an abcess for sounding the bladder, in examining the rectum and removing small polypi

*As the distinguished author is far from making this a general rule, it is to be regretted that he has not precisely indicated the occasions when he would follow it. As no class of patients are better subjects for chloroform than children, we should certainly reject it altogether; but if danger is really to be apprehended from it, does not this rule defeat itself by doubling the number of administrations?—Tr.

from this cavity, we do not ordinarily use chloroform. There are even cases in which we should reject the use of this agent; for instance, in very nervous and very emotional individuals. In some of these cases local anæsthesia may be resorted to by means of chloroform, or, better, by ice applied for a time upon the parts involved. But there are cases in which it is impossible to employ anæsthetics; for instance, in the excision of tonsils and in tracheotomy.

There are a host of cases, however, in which chloroform appears to us strongly indicated; and we must also say that having administered it to children from five to six thousand times, we never dread to use it. We always administer it by means of Charrieres' instrument, as advised by Robert. With this apparatus the patients can be anæsthetized in spite of their resistance. A concave sponge, with a central aperture large enough for the free admission of air, may also be used. We have never had an accident to deplore.

A very early age is not a contra-indication to the use of chloroform; we have administered it to very young subjects; among others in two cases of strangulated hernia, in two children under four months. We have often resorted to it also as a means of making proper examination; in affections of the eyes, for instance, when children obstinately refuse to open the lids; and have done the same for the examination of very painful cases of hip-joint disease.

Finally, we will say that we are always very desirous of using chloroform in those operations which cause much pain, and in those, above all, which demand much precision in the excision, as lithotomy. When the little patients are once under the influence of the anæsthetic, whether completely or but partially, we take good care that they be maintained in position while we proceed with the operation; otherwise, although being insensible and unconscious of the pain, they may nevertheless move themselves about, and thus embarrass the operator.

In operating upon children, we should say that the procedure demands, upon the part of the surgeon, the most precise anatomical knowledge; for, the regions being less extensive, the spaces more contracted, the incisions must often be limited, and not allowed to extend beyond the bounds strictly necessary. Thus, in regard to tracheotomy, the neck of a child two years old does not allow that freedom of action as does the neck of an adult; the incision of the perineum of a subject of the same age requires more care on the part of the surgeon who cuts for stone. In a word, you should be well persuaded of a fact which many ignore, that it is more difficult to operate upon children than upon subjects more advanced in life.

In certain cases we must deviate from the precept which recommends us to operate slowly; for children can not endure pain so long as adults, neither is loss of blood so well borne by them. Thus, almost always, we must take away the tonsils rapidly. In some cases it is important to perform tracheotomy slowly, at least if you do not wish to see your patient die under your hands, especially if there is abundant venous hemorrhage. In this region,

also, the anatomical knowledge of the surgeon should be positive and precise, in order that he may act with coolness and confidence.

III. *After-treatment.* The ligation or torsion of the vessels is the first local care demanded after an operation; and in regard to this, when only a small number of vessels have required attention after an amputation, or the extirpation of a tumor necessitating considerable loss of substance, we believe it will always be found best, indeed we have always found it so, to postpone the dressing for a time, half an hour or an hour after the operation.

This doctrine, laid down by Dupuytren, has the great advantage of allowing time for the circulation to re-establish itself, and prevents tho sehemorrhages which frequently occur after the dressing, necessitating a change of bandages, so very painful for adults, and still more so for children. If, in some cases, it becomes necessary to apply the solution of perchloride of iron to the wound, it should be diluted with an equal quantity of water, or there is a risk of causing sphacelus.

We always think it best to attempt to obtain union by the first intention in every operation.

Faithful to a principle first laid down for some cases by Dupuytren, and generalized afterward by Lisfranc, we have nearly always changed the dressings on the day following the operation. This practice, in which the lint and the bandages are removed while the adhesive straps and the points of suture are respected, prevents many complications; erysipelas, by removing from contact with the parts materials saturated with blood and serum; retention of pus, if it should have formed, between the lips of the wound; strangulation of the tissues, should the sutures be too near together or drawn too tight, for they can be divided or removed. This partial dressing on the first day often reveals the cause of fever, which would be otherwise inexplicable. If erysipelas has set in, collodion may be employed, and with us has often succeeded in this disease of traumatic origin in children. This application, together with the internal administration of the tincture of aconite, has seemed to us to prevent purulent absorption—a rare accident with children, it is true, yet one which we have observed.

If the wound becomes livid and grayish, the application of lint, dipped in the solution of the chloride of soda diluted with water, has been very useful in our hands; lemon juice has also succeeded with us in causing a sore of bad appearance to take on healthy action.

But if the local treatment we have just indicated, the frequent change of dressings when suppuration is abundant, and less frequent as it diminishes, be of great importance for the success of operations, far more so, in a host of cases, is a due attention to the general system.

In general, if convulsions do not supervene, an accident which we have very rarely seen even after the most severe operations, or if there be no other particular indications, our chief care will be to see that the child is properly nourished, even from the very day of the operation. Let patients who are not yet weaned be put to the breast, far preferable to using a bottle

or other means of feeding, as they desire it, or regularly at intervals of about two hours. For other children we should commence with some form of liquid nourishment; at first milk or beef tea, then soups, and wine if necessary. Gradually let them return to their ordinary diet, to which we are obliged sometimes to add other articles, as chocolate or coffee, or tonics, as the various preparations of cinchona.

This course appears to us indispensable, except, of course, where there exists those internal complications which frequently demand from the surgeon all the knowledge and the care of the physician for diagnosis and treatment, and without which there is no success in surgery. It must never for a moment be forgotten that, before operating, you are to be a physician, while operating, a surgeon, and finally physician again, after the operation, to conduct well and even to cure many of the surgical cases of children.

Finally, all the measures we have prescribed may still result only in disappointment if constant care be not exercised in regard to the hygienic surroundings of the patient. Thus, other things being equal, those children operated upon in private practice, whose parents are in comfortable circumstances, who are in apartments well ventilated and properly heated, are in far better conditions for recovery than those which fall under our care in hospitals, where a large number of patients are collected in wards, and where the air is more or less vitiated whatever we may do.

Syme's Principles of Surgery.

We are glad to see a reprint of *Syme's Principles of Surgery*, by the enterprising house of Lippincott & Co., Philadelphia. The work is edited by his former pupil, Donald Maclean, M.D., of the Queen's University, Canada. Dr. Maclean has appended Prof. Syme's treatises on the "Diseases of the Rectum," "Stricture of the Urethra and Fistula in Perineo," "The Excision of Diseased Joints," and various other contributions to the pathology and and practice of Surgery. We extract the following from the editor's preface: "In compliance with a request, which had frequently and urgently been pressed upon me by professional brethren in different parts of the United States and Canada, I addressed a communication to Professor Syme, in December last, in which it was proposed that an unadulterated edition of his surgical works should be published on this side the Atlantic. At the same time I informed him that an American edition, in which great liberties had been taken with the original text, had already been published under the auspices of a certain fraternity calling themselves the "Eclectic School of Medicine," and which had consequently never been recognized by the regular members of the profession. To this Professor Syme replied: 'As to your proposal of republication in America, I have long desired that what I have written should be known in a pure form, and will therefore feel much obliged by your undertaking the task.'"

The work has been received too late for further notice in our present number, and we must therefore postpone a critical examination of it until our next. It is for sale by Robert Clarke & Co. Price $7,00.

OBSTETRICS, DISEASES OF WOMEN, MATERIA MEDICA, AND THERAPEUTICS.

By THEOPHILUS PARVIN, M.D., Professor of Materia Medica and Therapeutics, Medical College of Ohio, and Clinical Lecturer on Diseases of Women at St. John's Hospital.

ART. I.—*A Clinical Lecture on Non-puerperal Pelvic Cellulitis.* By THEOPHILUS PARVIN, M. D.

GENTLEMEN—To-day you have an opportunity of seeing two illustrations of a disease which has not, until comparatively recently, attracted professional attention, and been justly discriminated, *Non-puerperal Pelvic Cellulitis.*

In this little volume, published in 1734, by "the father of English surgery," Richard Wiseman, "Sergeant Chirurgeon to King Charles II," to whom he dedicated his work, you will find his third case in his fifth chapter—which is "Of Abcesses and Corrosive Ulcers arising from Distempers of the Uterus in Childbed"—an admirable illustration of pelvic cellulitis as it occurs in the puerperal state. Professor Simpson, a man not less remarkable for his genius than for his learning, finds the disease described by Archigenes, a practitioner at Rome in the reign of Trajan.

Nevertheless, the disease happening unconnected with recent parturition, was not generally recognized by the profession, and given a distinctive designation, until a few years ago, when Dr. Churchill, among English writers, directed attention to its comparative frequency and great importance, and Dr. Simpson gave it the name of *cellulitis.* Even now more than one accepted treatise on female maladies is utterly silent as to this, and I am persuaded that practitioners sometimes fail in the recognition, and of consequence, in the proper treatment of the disease. And because of such silence and of such failure, I shall dwell at some length on its *diagnosis.*

A verbal criticism may be proper at the outset. This peculiar inflammation is regarded as affecting a part of what was once designated as *cellular* tissue, but which is now known—especially since the re-

searches of Virchow—as *connective;* and hence there is an objection to the term cellulitis. However, it will be sufficient for us to remember that in this instance, as well as in some others that Medicine furnishes, *names* are not *things.*

I shall invite you to first consider the *objective* symptoms which these patients present, and then give you the history of each, as recorded upon their admission to the hospital a few days since.

In the one case, I now call your attention to a swelling in the lower part of the abdomen, especially in the left iliac and supra-pubic regions; this swelling, you observe, is fixed—neither manually nor by change of patient's position, is any change made in it; superficially there is a brawny condition of the tissues, and more deeply, tenderness and firmness. Upon vaginal examination we find immobility of the uterus—the length of this organ, as determined by the sound, being but slightly, if at all, increased; where the vagina is attached to the neck of the womb, especially upon the left side, and posteriorly, you discover an increased bulk, sensitive and hard; so, too, upon pressing directly up upon the pelvic roof, on the left, do we find an irregular hardness.

Observing the other patient, as she lies upon the table, you see, filling and rising above the right iliac region, a round, defined tumor, nearly half as large as the fully-developed fœtal head; its position, shape, and well-marked limits might, if the judgment of the eye were not corrected by that of touch, lead you to believe it a case of cystic ovarian disease. Examination of the apparent boundaries will enable you to detect a hardened rim or margin—an effort of nature, if you please, to limit inflammatory deposit. Such limitation may be successful; but on the other hand, it will not be surprising should the disease transgress these boundaries, and we should find the swelling sweeping over to the opposite side, and ascending much higher in the abdomen, and then we will have a *diffused*, instead of a defined tumefaction, just as you saw it in the other patient, and yet in whom, according to her history, there was originally a distinct and definite swelling in the left iliac region.

Here, too, upon vaginal examination we find the uterus fixed, swelling and hardness of the pelvic roof, especially anteriorly and laterally upon the left side—apparently immediately below the position of the corresponding broad ligament—indeed, the tumefaction is so great as to markedly encroach upon the vaginal cavity. The cavity of the uterus is nearly an inch greater in length than normal.

Let me ask you now to observe the complexion and the countenance of each of these patients—your observation including both negative and positive signs, if I may so term them.

Neither exhibits the peculiar sallow hue of malignant disease, though each shows emaciation and anxious suffering. But beside this there is a something very striking—in the second case more than in the first, and the reason for this difference I shall give you by and by—an expression much as you may have observed in a patient with tubercular deposition in the lung when softening has occurred and purulent expectoration commenced; indeed, my instant thought, upon first seeing the patient in whom this peculiar expression is the more marked, was "consumption."

And now the history which these patients give.

Hannah ——, aged twenty-six years, married at sixteen, but never pregnant. Menstruated at about fourteen, no special suffering then or subsequently at her "periods." Has been quite regular ever since until last May, when she had menorrhagia, which was arrested after a week's continuance by cold water. Almost immediately upon this arrest she was attacked with fever, pain in the back, bearing down, some irritation of the bladder, painful defecation, and a thick creamy discharge from the uterus. About seven or eight weeks after this seizure, she observed a swelling low down in the left side; this in a few weeks extended up to its present position; then came considerable irritation of the bowels, frothy and mucous discharges, and these discharges became a few weeks ago, and they are now, decidedly purulent. She complains very much of heat and tenderness in the lower part of the belly; and she is now suffering from hectic, the chills occurring irregularly and not very decided, but the sweating at night being quite profuse.

The other patient, Sarah ——, is a widow, aged twenty-seven. Married at twenty-one; first labor five years ago; second, three years and four months since. Prior to her marriage she suffered very much from menstrual irregularities. Early last spring, had typhoid fever, but had quite recovered her flesh and strength, when about two months since, a week after menstruation, in consequence of getting her feet wet, had a decided chill, then fever, bearing-down pains, dysuria, severe suffering low down in the right side, and great difficulty in extending the corresponding limb, which was kept in a state of flexion whenever she could. The tumor was first noticed some three weeks after this attack, and has been constantly increasing ever since. She has loss of appetite, of strength, and suffers from shivering and night sweats, and likewise with severe paroxysms apparently of uterine pain, attended, not always but two or three times, with a sanguineous discharge from the womb.

Now, gentlemen, after all these details have been given you, would it

be difficult to decide that we had to deal in each case with inflammation of the pelvic connective tissue?

But it is not enough that you should know the disease in these patients where pus-formation has occurred—this occurrence proved, in the one case, by the rectal discharge, and in the other, rendered almost as certain by the personal aspect and the constitutional symptoms; but you should be able likewise to recognize the disease in its early stages. Let us suppose, then, that you have the constitutional disturbance and the local distress which render a vaginal examination necessary or advisable, and upon making it your touch detects a tumor, how are you to know that of pelvic cellulitis from another? Let me, by the way, impress upon you the importance of having the bladder and rectum thoroughly evacuated before making such examination; and do not confide too much in your patient's statement, for she may be deceived, but let catheter and enema verify her assertion. I have known a supposed uterine prolapse to prove a rectum distended with fæces. Guarding, then, against such sources of error, or at any rate of difficulty, we will suppose your tumor is permanent. Now, such tumors may be from displaced or enlarged uterus; but if the os is in its natural position, if the sound—*which is never to be used where there is any suspicion of pregnancy*—passes, and, passing, measures about the normal length, you may be assured there is neither uterine displacement nor enlargement. Is it a hematocele? Such is soft, doughy, not remarkably sensitive, but slightly, if at all, affects uterine mobility. Is it cystic? Such is yielding, elastic, circumscribed. In general, tumors of the pelvic organs have more or less mobility, while on the other hand, inflammation of the connective tissue is hard and ill-defined. Where occasion may require, it is well to add rectal to vaginal examination, or conjoin the two. In case you find the tumor abdominal as well as pelvic, you will consider what enlargements, pathological or physiological, may have such character; and then by a process of just exclusion, after careful physical examination, narrowing down your hypotheses to the single one which shall correspond with the results obtained by your pelvic exploration, there will remain to guide you in your conclusion the essential facts relating to the probable causation, and in the history of the appearance and progress of the disorder.

A symptom which one of our patients presented the other did not refer to at all—pain in extending the thigh—and the truth is, it is not invariably present, but, as pointed out by Dr. McClintock, of Dublin, in his "Clinical Memoirs on Diseases of Women," is indicative of in-

flammation deep seated in the pelvis, and in part, at least, at its side; that variety of the disease which Dr. Churchill, in his last edition, Dublin, 1864, speaks of under the head of "Lateral Abscess of the Pelvis." Remember, then, that this pain, though spoken of by some writers as quite characteristic, you may not have at all in some cases of *cellulitis;* and on the other hand, you may have it where there is no such disease, *e. g.*, in certain ovarian affections.

In non-puerperal pelvic cellulitis you may be able to discover some menstrual derangement has preceded the occurrence of the disease, such as sudden arrest of the flow, or some exposure to damp, cold, as from getting the feet wet—the pelvic organs and tissues are peculiarly liable in women, from the way in which they dress, to be affected with inflammatory diseases from their standing on wet floors or on the damp ground, and I remember to have seen in the women's hospital, Soho square, a post-mortem of a patient who was attacked with pelvic cellulitis in consequence of standing some hours, one night, upon one of the London bridges witnessing some public pageant; there may have been some local violence, as from a fall, operations upon the womb—such as dilating the cervical canal—from this cause I have seen a case which subsequently proved fatal—or excision of polypi or fibroid, or from operations upon the vagina, or from excessive or violent coition; and from such causes as the last it is not an extraordinary thing that courtesans suffer with inflammation and sometimes abscess, generally seated in the connective tissue of the recto-vaginal septum.

(To be continued in the next number.)

ART. II.—*Transactions of the Obstetrical Society of London, Vol. VI, for the year* 1864. LONGMAN, GREEN, LONGMAN, ROBERTS & GREEN. London, 1865.

This volume, of more than three hundred pages, contains much material interesting and valuable to the profession. Of course, the limits of our journal will scarcely permit more than a synopsis of some of the more important communications:

Treatment of uterine fibroids. Baker Brown adduces fourteen new cases, in which he has, as originally proposed and performed by him in 1859, incised the os and cervix uteri, in some few instances subsequently, breaking up the tumor with blunt-pointed curved scissors. The conclusions are, and they are well worthy professional consideration, resting not alone upon the

experience of one operator in a few cases, but of several operators in many cases.

"Firstly. That the fact of the curability of these tumors is materially confirmed by these new cases.

Secondly. That it is not necessary in many cases to do more than incise the os and cervix, thereby much lessening the danger of the operation.

Thirdly. That the hemorrhage is almost invariably arrested by the incision of the os and cervix.

Fourthly. That the cure of these fibrous or fibroid tumors is now firmly established, as proven by the experience of Dr. M'Clintock, Dr. Routh, Dr. Dawson, of Newcastle-on-Tyne, etc., as well as by myself, by surgical means, without the danger of enucleation."

Ovariotomy. Mr. Bryant, of Guy's Hospital, reports ten cases of ovariotomy, with six recoveries and four deaths; Dr. Tyler Smith, of St. Mary's, reports eight cases, twelve having been given previously, making his entire number twenty, and of these sixteen recovered and four died—giving a success of eighty per cent., which we believe is a better showing for ovariotomy than any other published statistics.

Spondylolisthesis. "Under this name Kilian described an affection of the spine, the most interesting character of which is the sliding downward of the fourth or fifth lumbar vertebra into the true pelvis, so as to contract the space at the brim and in the cavity." Dr. Barnes reports twelve cases, the first three from Kilian, and the twelfth from his own practice: in this premature labor was induced at seven months, successful as to the mother, but not as to the child.

Vesico-vaginal fistula. Dr. Meadows contends, on theoretical grounds, that it is not necessary, after operations for the cure of this lesion, to keep patients confined to the recumbent position, and adduces two instances of success where this usual portion of the treatment was not pursued, but the patients were allowed to go about as usual. It will be observed that in these two cases the fistulæ were not large, in one less, in the other scarcely more, than half an inch. Our own experience is decidedly adverse to having a patient even to sit up, though but for a few minutes, for at least a week after the operation.

Two other points are incidentally mentioned in Dr. Meadows' papers, and we regard them as more valuable than his principal suggestion: they are to use plenty of stitches—about four to every half inch—and be in no haste to remove them; letting them remain for a month or longer is often advantageous.

Treatment of placenta prævia. Dr. Greenhalgh, of St. Bartholomew's, is the author of a most interesting paper, containing numerous statistics of results to mother and child under different methods of treatment, etc. An animated discussion was had upon this paper, in which many of the leading obstetricians of London participated, and also, by special invitation, Dr. Beatty, of Dublin, who happened to be present. Dr. Beatty is a veteran in the obstetrical art—no one stands higher as a practical man—and his remarks

are so useful that we shall transcribe them in full. He had not heard the paper—which was read at a meeting previous to the one at which the discussion was had—"but as well as he could collect from the speakers who had preceded him, there were two points particularly dwelt upon by the author. The first was the *time* at which we should interfere in cases of placenta prævia; and the second, the kind of assistance most proper to be given. It appeared to him (Dr. Beatty) that the author of the paper recommends delivery as soon as possible after the case was fully made out. In this respect there was not much difference between his and the practice very usual in Dublin. We wish to finish the case as soon as possible; but it must be recollected that in many cases speedy delivery was impossible, for, occurring as the hemorrhage most usually does for the first time in the eighth month, or even earlier, when the os uteri was little disposed to relax, it not unfrequently occurred that the os uteri was so rigid that delivery could not be attempted. We must then temporize, and by means of position, plug, cold, etc., endeavor to gain time, and save the patient from loss of blood as much as possible. He had spoken now of cases in which there was complete covering of the os uteri with the placenta; but in cases of partial covering, where we could feel any portion of the transparent membranes, the practice was to rupture them at once and discharge the liquor amnii. When this could be accomplished we feel pretty easy about the case. The head of the child comes down, and, by pressure on the placenta, prevents any further loss of blood. If the uterus was not disposed to act vigorously, its action was quickened by the ergot of rye. He always depended upon the infusion of the powder made on the spot. It was a medicine that required great care for its preservation. He never went out without a drachm of the powder in his pocket case. It was put up in metallic paper, so as to prevent the absorption of the oil by ordinary paper. It should not be kept more than two months in the case. If not used before then it should be replaced by another drachm. When used it was infused in four ounces of boiling water, and half of it, powder and all, given at once, and the other half in a quarter of an an hour. When treated in this way the medicine had never failed him. If the case was one of complete covering of the os uteri, we watch the earliest moment at which the os uteri is dilatable, and then proceed to deliver the patient by turning the child."

Management of the third stage of labor. Dr. Eastlake is the author of this paper, the most essential part of which is the importance of external pressure immediately after the delivery of the presenting part of the fœtus to secure proper uterine contraction, and the expulsion of the placenta. We imagine most American practitioners are alive to the importance of this practice. We believe it should never be neglected, and the accoucheur should depend upon his own hand, when not otherwise imperatively engaged, as the instrument, rather than on that of a nurse, or other assistant.

Puerperal Embolism. Dr. Wade, of Birmingham, reports a case of death from obstruction in the pulmonary artery, consequent upon *phlegmasia dolens.* A patient suffering with the latter was suddenly seized, while ascend

ing the stairs, with terrible dyspnœa, which was not explained by a careful exploration of the lungs. Dyspnœa may result from the non-access of air or blood to the pulmonary cells. Percussion and auscultation proved the difficulty not to result from the former, and therefore it must have been from the latter. The post mortem revealed the plugging up of the pulmonary artery—an *embolism*, the source being the *thrombus* in the iliac vein—a portion of the clot being detached by the exertion the patient made in walking up stairs.

The great practical lesson from this case is, do nothing yourself, nor let your patient with phlegmasia dolens do any thing which will disturb the primary coagulum which has formed: let your patient be kept rigidly in the recumbent position, and abstain from all frictions of the swelled limb. In the light of such experiences, we regard this rule as of prime importance, and of great value.

Other papers in the Transactions are worthy of having professional attention directed to them, but our space is limited, and we must terminate this very brief and partial compend.

ART. III.—*Puerperal Fever—Principal external sources of.* London Lancet, Dec. 2, 1865.

Dr. Barnes groups them as follows:

1. An animal poison generated from crowding lying-in women together.

2. Bad sanitary conditions, as miasm of sewage; the air of an overcrowded building; damp and cold; the use of impure water; unwholesome food; malaria from the surgical wards of an hospital.

3. Exposure, mediate or immediate, to any contagious disease, as typhoid, typhus, scarlatina, small-pox, erysipelas.

4. Direct inoculation of cadaveric matter, or of other animal poison, by means of persons coming into contact with the lying-in woman.

Puerperal fever and scarlatina. From the same lecture by Dr. Barnes, from which the preceding is taken, we make the following extract:

1. The recently delivered woman is intensely susceptible to the scarlatinal poison; and the form of fever so developed in the puerperal woman is one of peculiar virulence, both in its action on the patient and its active power of propagation. There is great reason to believe that many of the epidemic puerperal fevers breaking out in lying-in hospitals are really of scarlatinal origin.

2. She may take it from a variety of sources.

3. She may take it independently of direct inoculation by the hand.

4. It is probably taken either from inhaling or imbibing the fomites of the disease, as directly thrown off from the lungs or skin of a person suffering from the disease, or from the clothes of a person who has been in close relation with a scarlatina patient.

Sulphate of Bebeeria in Facial Neuralgia. Lancet, Dec. 2.

The following prescription is highly recommended in this distressing affection: Sulphate of bebeeria, one drachm; dilute sulphuric acid, one drachm; tincture of oranges, two drachms; distilled water, one ounce and a half: one drachm to be taken in water every two hours.

Cere cloth. This is the favorite application in Dublin to enlarged and painful breasts after parturition, especially when the mother does not nurse her child. It is thus prepared:

℞. Cer. Flavæ; Ol. Oliv., *aa* ℥ii.; Glycerin, ʒii.; Emplast. Resinæ, ℥ss. Ft. emplast. Where a decidedly anodyne effect is desired, there may be added to this half an ounce of either belladonna or opium plaster.

Vapor Bath in Hereditary Syphilis. Lancet, Dec. 2.

In the case of this, and probably of every other form of syphilis, the vapor bath, where there is this tendency of the disease to escape by the surface, is an agent of great value in assisting to expel the disease per *viam naturalem*, in aid of other remedies, such as mercury and iodine, by directing them to the surface. In hot countries, where the non-mercurial mode of treating syphilis is most in vogue, great faith is reposed in sarsaparilla and guiacum, while in this country they are considered almost inert. The difference is referable to the temperature; in hot climates they are powerful sudorifics, and hence their efficacy. This may be supplied by the vapor bath and keeping the patient in a warm room. It has been observed that it is hardly possible to salivate a patient with mercury, or to iodize a patient with iodine, who is using a vapor bath while undergoing a course of treatment by these remedies.

Sulphuric acid in cholera. In choleraic diarrhea, M. Worms prescribes a mixture of 5 grammes of concentrated sulphuric acid with 500 grammes of simple syrup. Two, or at most three, tablespoonsful are taken at a dose, in a quantity of water.

Castor Oil Pills.

Emulsify fifteen parts of castor oil with eight of gum Arabic and fifteen of water, then add gradually fifteen parts of flour. Divide the mixture into pills, and leave them exposed to the atmosphere, when the water will soon evaporate. The purgative action may be increased by substituting magnesia for flour.—*London Times and Gazette.*

PRACTICAL MEDICINE, PHYSIOLOGY AND CHEMISTRY.

By ROBERTS BARTHOLOW, M.D., Professor of Physics and Medical Chemistry in the Medical College of Ohio; Lecturer on Clinical Medicine and Physician to St. John's Hospital, etc.

ART. I.—*On the Pathology and Treatment of Spermatorrhea.* By ROBERTS BARTHOLOW, M. D.

Writers on spermatorrhea have been, too often, content with repeating the observations and opinions of their predecessors. The disagreeable nature of the subject has deterred investigation, has retarded improvement in therapeutics, and has thrown the care of these cases into the hands of irregular specialists. Lallemand's treatise, which has attained an immense circulation, was written, mainly, in the interest of a special treatment. It is not a reputable book; the cases were manufactured; and the therapeutics, based upon false statements, lead to serious errors.

Spermatorrhea is, unfortunately, very common; it produces serious mental and physical consequences, and it is most difficult to cure. It would, therefore, seem to be eminently worthy the attention and study of the philanthropic physician, the humanitarian, and, in a lower sense, of any practical doctor who would cure a disease for his own advantage.

Is spermatorrhea a medical or surgical disease? It has usually been regarded as pertaining to the domain of surgery. This association has given rise to false views of its nature, and to improper methods of treatment. The surgeon views it as an affection of the generative apparatus, due to local causes, and to be treated by local applications. Thus, a recent surgical authority treats of it under the head of "functional disorders of the testicle." It is classified in the same category, and the treatment recommended, based upon the same principle, in other surgical works.* It is the judgment of the writer that spermatorrhea should come under the cognizance of the physician, and that it belongs to the neuroses. This conclusion leads to practical results, as we shall see in the further consideration of this subject.

*Article—Diseases of the Male Organs in Holmes' System of Surgery, p. 539, vol. iv. London: 1864. Gross' System of Surgery, pp. 831, 832, vol. ii. Philadelphia: 1865. Erichsen's Surgery, p. 1224, etc.

It were a labor of supererogation to enumerate the causes of spermatorrhea. At present we are chiefly concerned with the pathology of this affection.

The pathological conditions may be comprehended in three groups—local or genital, cerebral, spinal.

The genital consists in excessive sensibility of the sexual apparatus; the cerebral in loss or impairment of the intellectual faculties; the spinal, in loss or impairment of voluntary power, and in deranged reflex actions.

As a starting point for the inquiry, it is necessary to understand the physiology of the sexual act. The phenomena of the sexual congress belong to the class of reflex actions. The excitation of the male organ is transmitted to the cord, and the impression is reflected over the testes, vesiculæ seminales, urethra, and appended muscular apparatus, producing the seminal ejaculation. The whole constitutes the venereal orgasm. It approximates, in many of its phenomena, to epilepsy, and is accompanied in some persons with an epileptiform seizure. There is a great expenditure of nervous power in a single act of coitus or unlawful excitation, manifested by the languor, weakness and mental feebleness which occur for a short period afterward. In how much greater degree these effects will be experienced when the orgasm is frequently repeated! That these effects are due to expenditure of nervous power, and not to the loss of seminal fluid, must be evident when we reflect that so small a discharge from the body is, under any other circumstances, wholly incapable of producing such results. This point is confirmed by analogy; thus, a slight peripheral irritation may induce paraplegia, epilepsy, chorea, etc. It is further confirmed by the results which ensue from frequent and long continued excitation of the genital organs, viz: paraplegia, epilepsy, insanity, not unfrequently, and in every case, the ready seminal flow, so-called spermatorrhea.

I. *Genital form.* As respects the condition of the generative apparatus, the varieties of spermatorrhea agree. The organs are relaxed, the erections feeble, and the seminal flow watery. Irritation of the neck of the bladder is experienced; the mucous membrane of the urethra is red, injected and exceedingly sensitive, and the testes are tender, painful, and sometimes wasted. Excitation takes place from slight causes, and the emission occurs very quickly. This circumstance is due, in a limited degree, to the hyper-sensibility of the organs themselves, but chiefly due to the state of the brain and cord—the association of ideas and the morbid excitability of the reflex functions.

There are associated with this condition of the sexual apparatus, symptoms of deranged primary and secondary assimilation, emaciation, weakness, palpitation—all of which have their origin in irregular distribution or loss of nervous force. The following is an illustrative case:

CASE I. A private patient under my charge, from long practice of masturbation, suffered with such sensitiveness of the genital organs as to have an emission upon the slightest excitement. He was pale and somewhat thin; his appetite was capricious, and he suffered much from constipation, wandering pains through the abdomen, borborygmi, and flatulence. He experienced no loss of power in his inferior extremities, neither did he suffer from any cerebral complication; he was melancholy and apprehensive of impotence, but all his mental operations were properly performed.

II. *Cerebral form.* In the cerebral form there is superadded to the conditions described under the genital form, certain disorders of the mind. Melancholia, delusional insanity and dementia are the particular forms which the mental disorders assume. The statistics of any of our large insane asylums show the importance of this tendency in spermatorrhea. Thus, in the report of Dr. O. M. Langdon, Superintendent of Longview Asylum, masturbation is assigned as the cause of insanity in forty-eight of the seven hundred and forty-seven tabulated cases.*

CASE II. Was a young man admitted to St. John's Hospital as a private patient, aged about thirty years, five feet, five inches high, slightly built, and of leuco-phlegmatic temperament. His hair was scanty and beard thin. At the time of admission he could give no connected account of himself. He was emaciated; his appetite irregular; bowels constipated. He walked unsteadily, and presented a very characteristic expression of disordered intellect. He made much of his intestinal troubles, and seemed anxious to divert my attention from the real source of his infirmities. At night he was given up to various hallucinations; he did not sleep, but spent the night in talking in a wild and incoherent manner, and in wandering about his room making efforts to escape, to the great terror of his neighbors. From his brother it was ascertained that he had led a wild and irregular life; that he was addicted to venereal excesses earlier in life, and lately to onanism.

CASE III. Was similar to the preceding—a young man who had

* Report for 1863.

passed several years in the United States service, and was addicted to onanism. He was led to St. John's Hospital by a comrade, because he could not walk, and would fall down if unsupported. He presented a countenance of fatuity; he had no delirium, no hallucinations, but his "head was light," he said. He was pale, thin, and had little appetite. He admitted to me a degree of self-abuse too revolting to be narrated.

III. *Spinal form.* The spinal form may or may not be complicated with the cerebral, but there is a distinct condition to which this term is intended to apply. In the spinal form there are present loss of power in the inferior extremities, paraplegia, incontinence of urine and feces, and altered—diminished or perverted—and referred sensations. The following is a typical case:

Case IV. A man, aged thirty-five years, came under my care, suffering from weakness, with perverted sensations of both inferior extremities. He had an ill-conditioned ulcer on right leg; slight pressure, as of riding on horseback, induced intractable ulcerations of buttocks and thighs. He had, also, incontinence both of urine and feces. There was some tenderness over spine in lumbar region; the tactile sensibility of the skin of legs and thighs was much diminished. He volunteered the information that earlier in life he had been much addicted to onanism, and since the discontinuance of the habit, had suffered from frequent nocturnal emissions. His mental powers were unimpaired. He had the unavoidable depression and anxiety arising from his very miserable physical condition.

These typical forms may not always be clearly marked. That condition of the sexual organs described under the genital form, necessarily exists in all cases, and may or may not be accompanied by disorders of intellect and impairment of voluntary power, but is invariably accompanied by functional derangement of the cord, increased reflex excitability, and probably, also, congestion. After the excesses of venery or the practice of masturbation have ceased, this functional derangement of the cord manifests itself by repeated seminal discharges, either under the influence of slight excitement or involuntarily. It is well known that these involuntary discharges are produced in the sleeping state, under those circumstances which favor congestion of the cord, especially full suppers and lying on the back. This view is confirmed by the effects which certain lesions of the cord produce in the generative apparatus. Thus, seminal emissions frequently take place in the epileptic paroxysm, priapism in some cases, and complete abolition of the sexual appetite in other cases of disease or injury to the cord.

The relation between the sexual organs and the nervous centers is very close and important, but very obscure. The development of the organs at the age of puberty is accompanied by changes in the mental and moral nature. The sexual appetite, suddenly roused into activity at this period of life, often proves stronger than the moral control; and if the imagination is highly developed, the mind of the boy is pervaded with lascivious images—a species of delusional insanity.

A practical question here arises—What extent of involuntary seminal emission is necessary to constitute disease? Nervous persons leading sedentary lives are subject to tolerably frequent involuntary discharges. All healthy male adults have occasional involuntary emissions. Within certain limits these are compatible with, or, it may be, are essential to health. Persons accustomed to regular sexual intercourse are still more liable, when the habit has been interrupted, to experience these involuntary losses. When they occur not more frequently than once in two weeks, they are not indicative of disease. Patients are alarmed, also, by seeing not unfrequently after urination or defecation, a whitish tenacious discharge from the urethra, which is not seminal but mainly prostatic, and has no great significance. It occurs quite commonly after long-standing gleet, and is often misunderstood by the surgeon, as well as by the patient. Frequent microscopical examinations have satisfied me as to the character of this discharge.

Another practical question in this connection is—What relation has urethritis, or the so-called irritation of the orifices of the seminal ducts, with spermatorrhea. A local irritation of these organs transmitted to the cord may induce those lascivious dreams during which the involuntary emission usually occurs; but those irritations rarely have this effect, unless congestion of the cord, or an increase of its reflex excitability, have been previously induced.

If these views be correct, spermatorrhea must take its place among the neuroses.

We may now state, in a somewhat more definite form, the conclusions to which we have arrived after a survey of the whole ground.

1. Spermatorrhea exists in three forms or phases—genital, cerebral, and spinal.

2. The genital, the more common form, is characterized by frequent emissions with little excitement, by derangement of the primary assimilation, by greatly increased reflex excitability, and, probably, congestion of the cord.

3. In the cerebral form, in addition to the preceding condition,

there is present either melancholia, delusional insanity, or dementia; and

4. In the spinal form, loss of power in inferior extremities, paraplegia, altered and referred sensations, epilepsy, etc.

(The treatment based upon the pathological views here indicated will be entered upon in our next number.)

ART. II.—*Propagation of contagious diseases.* Prof. Lionel S. Beale, of King's College, London, in two lectures on "the nature of the phenomena which constitute inflammation," delivered at the Royal College of Surgeons, sums up the most important of the conclusions at which he has arrived with reference to contagious diseases:

The *materies morbi* of contagious diseases does not consist of lifeless organic or inorganic matter, nor of any form of gas or vapor generated in the decomposition of animal or vegetable substances, nor of any matter set free during the decomposition of fecal or other excrementitious matter of animal origin; nor is it any species of animal or vegetable organism or parasite; but the active contagious material consists of exceedingly minute particles of *germinal matter* which may be regarded as the direct descendants of the germinal or living matter of an organism which has been for some time living under unusual conditions. Contagious poisons affecting men and animals have originated in their organisms. The living or germinal matter of some contagious diseases originating in the bodies of animals may grow and multiply in man, and *vice versa*. These particles of living germinal matter may retain their vitality for some time after they have escaped from the seat of their formation. They may pass through the air or be preserved in clothes, or various fluids, or moist solids. The smallest particle (less than the hundred thousandth of an inch in diameter) being introduced into the body, already in a fit state for its nutrition, may grow and multiply, giving rise, in due time, to the symptoms characteristic of the particular disease, and producing myriads of particles like itself. But it is probable that such particles, being introduced into a perfectly sound organism in a state of perfect health, would not grow and multiply, but would die; or, in other words, such an organism would resist the influence of contagious matter.—*Medical Times and Gazette.*

Danger of subcutaneous injections. Professor Nassbaum, of Munich, gives an interesting account of an accident which happened to himself. Two months ago he injected two grains of acetate of morphia, dissolved in fifteen minims of water, and accidentally sent it direct into a subentaneous vein, instead of into the cellular tissue. He gives a graphic account of his dangerous position for two hours. He has seen similar effects in a smaller degree in two of his patients. The practical lesson is—as a vein may not always be avoided—inject *very slowly*.

Treatment of phthisis by raw meat and alcohol. Professor Fuster, of

Montpelier, gives at first a daily quantity of 100 grammes (1500 grains) of raw meat, gradually increasing it to 200 or 300. It is given in the form of soft pulp enveloped in sugar. The alcohol is given in the daily dose of 100 grammes, diluted with 200 or 250 grammes of water, 60 grammes of syrup of orange flowers. Whilst using this dietary he does not neglect the treatment of inter-current complications. Of eighteen patients submitted to this treatment, fourteen had cavities or pulmonary tubercles in the stage of softening; two others had tubercles not yet softened, and two were suffering from purulent infection. Among these, five of the phthisical patients and the two with purulent infection might have been expected to succumb within twenty four hours; yet they all survived. As respects the phthisical patients, the report is that their strength is returning; the hectic fever has ceased, the colliquative sweats and diarrhea are at an end, and the cough and expectoration have lessened; the appetite has reappeared, the caverns are empty, and the physical signs attest the progressive reparation of the pulmonary lesions.—*L' Union Medicale.*

On a certain form of Hemoptysis unassociated with Pulmonary Tuberculosis. By Richard Payne Cotton, M. D.

In the early period of my attendance at the Brompton Hospital for Consumption, I saw so much hemoptysis among the unmistakably phthisical out-patients that I was sometimes tempted to the general conclusion that hemoptysis was, practically, but another name for phthisis. Subsequent and more extensive observation has, however, very much changed my views in this particular, and I am now fully convinced that hemoptysis is met with in a very considerable number of non-tubercular cases. Simple pulmonary congestion, whether the result of inflammatory action, or arising from mechanical obstruction consequent on heart disease; pneumonia, whether acute or chronic; bronchitis, general plethora, may at any time give rise to hemorrhage from the lungs. * * * * * * In the present instance I am anxious only to draw attention to a not unfrequent, but, so far as I know, little recognized form of non-tubercular hemoptysis, met with chiefly in the female sex, but sometimes also among males, generally in the early period of life. It may simplify my description of this variety of hemoptysis, if I give a brief account of two or three cases in point.

I was requested to see a young lady supposed to be phthisical, and report upon the nature of her disease, about which several very conflicting opinions had already been given. She was anemic, nervous, and out of health; had a dry cough, but had not become thinner; her catamenia were regular, but scanty; her appetite was capricious; and she had had frequent hemoptysis, which there was every reason to believe did not proceed from either the mouth or the fauces. The blood, on examination, was found to be thin and watery, of a dark color, free from coagulum, unassociated with either bronchial or salivary secretion, and in general appearance much resembling a mixture of *red currant jelly and water.* I was informed that this was its general

character. Sometimes it had been considerable—as much as a half pint in twenty-four hours; at others, it would not exceed a teaspoonful or two during the same period; sometimes it would be scarcely enough to tinge a pocket handkerchief; and often it would disappear for days together. This state of things had existed for nearly two years, causing great anxiety to the patient and her friends, from a belief that it was indicative of pulmonary disease. Careful examination of the chest, however, failed to elicit any evidence that such was the case. Rest, change of air, and tincture of sesqui-chloride of iron, entirely restored the patient to health.

[He gives other cases, and proceeds as follows:] At least twelve or thirteen have happened in my own wards at the Hospital for Consumption. Two, only, of these were males. Several had very suspicious symptoms of phthisis; but the physical signs failed to exhibit any evidence of pulmonary tuberculosis, and most of them improved in health under appropriate treatment.

In conclusion, he attributes this hemoptysis to a fluid condition of the blood similar to that which is met with in purpura.—*The Lancet, London.*

Ozone, by Dr. Richardson. The following are the most reliable facts known at present respecting ozone:

1. Ozone, in a natural state, is always present in the atmosphere in minute proportions, viz: one part in ten thousand.

2. It is destroyed in large towns, and with special rapidity in crowded, close and filthy localities.

3. Ozone gives to oxygen properties which enables it to support life.

4. Ozone diffused through air in minute quantities produces, on inhalation, distinct symptoms of acute catarrh—common cold.

5. When animals are subjected to ozone in large quantities, the symptoms produced at a temperature of 75° are those of inflammation of the throat and mucous membranes generally, and, at last, congestive bronchitis, which in carnivorous animals is often rapidly fatal.

6. On dead organic matter undergoing putrefaction, ozone acts rapidly—it entirely deodorizes by breaking up the ammoniacal products of decomposition, etc.—*Medical Times and Gazette.*

The Cattle Pest. Dr. Copeland, the distinguished author of the Dictionary of Practical Medicine, publishes in the London *Lancet*, December 2, the following prescription for the above disease:

1. Take a drachm each of the tincture of the sesquichloride of iron and of the dilute hydrochloric acid (*Pharm. Lond.*), and mix in a quart of infusion or decoction of linseed or thin gruel. This dose should be given twice, or in extreme cases thrice, in the twenty-four hours.

2. Once in the twenty-four hours, from one to two ounces each of oil of turpentine and castor oil, with twelve or fifteen grains of camphor, and from fifteen to twenty grains of carbonate of ammonia, should be mixed in gruel and given by the mouth at the most suitable time of the day.

3. The intervals between the ingestion of these should be adopted or modified according to their effects and the medical knowledge of the person administering them.

FOREIGN CORRESPONDENCE.

THE GREAT CLINISTS OF PARIS. CHOLERA IN PARIS.

(Extract of letter to Prof. Comegys from a former pupil.)

PARIS, Nov. 16, 1865.

. . . . . .

At first I followed the service of Velpeau, Nonat, and Bernutz on alternate days. Velpeau, although quite aged, still walks erect and preserves much youthful vigor. However, his clinic is not as interesting as that of many other surgeons, since, owing to his age, he performs few delicate operations. Nevertheless, there are always many students that follow him, especially Americans.

No doubt you were acquainted with Nonat's clinic when here. He now has one of the female wards in the upper story of La Charite, and his clinics on Monday morning are exceedingly interesting; but he is terrribly slow.

Bernutz is rather a young man, and has a service in La Pitie. I have bought his book, which is highly recommended, but have not had time to read it all; but I find it very interesting.

At present, I go on one morning to Maissoneuve's clinic, and then to Nelaton's, and then to Nonat's, etc. In the afternoon I attend the clinic of Desmarres or Liebriech on the eye. Indeed, I have been attending that of Desmarres ever since I have been here. Liebriech is a young man from Berlin, who passed about ten years under Graefe. He has been in Paris about two years, and is meeting with great success. But a few days ago he operated on the mother of the Empress for cataract. Although he has much success in the treatment of diseases of the eye, he can by no means operate with dexterity; indeed, I never saw an ophthalmist whose hand trembled so much; but the steadiness of the hand of young Desmarres, and the beauty of his operations, are wonderful. His clinic is much the largest in Paris, and always draws a great number of students. During the summer I heard his public course.

Liebriech's clinic is only on Tuesday and Saturday, and at that time he lectures also. He explains every thing very thoroughly, illustrating each subject by cases, and being particular that each student sees and understands. Indeed, I have little doubt that it is the best place in the city to study his specialty.

Fauvel's clinic for diseases of the larynx, and use of laryngoscope, is very interesting, and I endeavor to attend always. In order that many persons may see the larynx of the patient at the same time, he renders the room entirely dark, places the patient directly before a calcium light, the rays of which are thrown directly into the pharynx. Then placing the laryngoscope in proper position, a row of eight or ten students is arranged in a direct line in front of the patient, when the larynx can be seen very distinctly.

You have no doubt long since heard of the invasion of cholera here. Probably the news will place the matter in an exaggerated light, especially since Napoleon has, to some extent, suppressed the publication of news relating to it, thus causing persons in other countries to think that the epidemic is worse than it really is.

During the month of October there were four thousand cases, as stated by Dr. Barth in his lectures on the subject. The highest number of deaths in any one day was between two hundred and fifty and three hundred; but for this I have only a newspaper statement. Undoubtedly, up to this time, the disease has been less fearful in its ravages than in previous years. But there are still cases in the hospitals, some of which I saw this morning; and the probabilities are that it will be re-developed in the spring, as once before, and perhaps be much more terrible next year.

Paris is kept so very clean for a large city, that I can not think it will be as severe as in former years. I suppose you have read the newspaper articles on the conclusions of the special medical committee appointed by Napoleon, to investigate the subject of cholera in relation to its extension from India into Europe. They show that the disease, which they consider contagious, has been disseminated this time by the Mussulmen, who transported it from the Ganges to Mecca, where there was a great Mohammedan fete this year; and that gathering strength there, owing to many sacrifices of live animals, the filth and the heat, it was taken on board the vessels on the Red Sea, in which they traveled homeward this year for the first time. The vessels carried the disease to different points on that sea, and from there it passed to Alexandria, Constantinople; from Constantinople to Ancona; from Ancona to Marseilles, and thence to Paris.

They propose to prevent the spread of the scourge again by interfering with the pilgrimages, or superintending, as it were, their festivals, so as to insure more cleanliness. But, in a previous year the cholera came around by the North; and even if their theory is true, how will they combat its subsequent appearance in that direction.

Dr. Barth seems to think that the disease is propagated solely by contagion or infection. Although the cholera may be spread by infection, yet there is certainly an epidemic influence acting as a predisposing cause. If the spread of the disease depends so much on infection or contagion, it seems strange to me that after reaching Ancona, on the eastern coast of Italy, it should next have declared itself at Marseilles, on the eastern coast of France; and now, three or four months later, has hardly been seen at Leghorn or

Genoa, places as directly and continuously in communication with Ancona as Marseilles.

During the middle of October I was in Italy. On entering the Papal States, all the stage passengers were placed by squads in a small room, where their clothes and themselves were submitted to a fumigation by chlorine gas, to prevent the introduction of cholera into the kingdom. When I entered Austria, and also Venice, I had to undergo the same disagreeable ordeal; but I was very willing to do it, if it would save any one from the disease; and I think it a wise precaution, considering the uncertainty that surrounds the subject.

Often, while thinking and reading about the cholera since this present epidemic, I have been reminded of the remark you made when delivering a clinical lecture at the Commercial Hospital, during my first course. You then said the disease revolved, as it were, in cycles of seventeen years, and predicted with certainty its return in 1865–6. Your prediction, not a haphazard guess, but founded on well-elaborated deductions, has been verified; and I know many students who then chronicled the statement, and who will have it vividly brought to mind now.

This morning (Nov. 16), I have just returned from another lecture by Dr. Barth, at the Hotel Dieu, on cholera. He stated that since the invasion of cholera this time, commencing about Sept. 24, and still continuing, five thousand four hundred and sixty-five persons have died of it in Paris. As the Mohammedan festival at Mecca advances ten days each year, he fears, unless measures, in which the French government has already taken the initiative, are carried out, *i. e.*, the prevention of the embarcation of the pilgrims on the Red Sea, Europe will be scourged very often with the disease, until the fetes again occur in the winter seasons. But calling to mind that the temperature at Mecca is about the same all the year round, I can not exactly see the force of his deductions.

He gave no particularly new ideas on the treatment. However, I here give you a prescription which has been used with much success in the hospitals. It is by Dr. Lisle, of Marseilles:

Sulphate copper, 75 grains; Distilled water, 1500 grains. Make a solution. Of above solution, 22½ grains; Laudanum, 10 gtts; Sweetened water, 1800 grains. Mix. Give every hour or two.

I am, very respectfully and sincerely yours, GEO. E. WALTON.

MISCELLANY.

Sir Benjamin Brodie.

(We copy the following extract from the Introductory Address delivered at the opening of St. George's Hospital Medical School, by George D. Pollock, Esq. *Lond. Lancet*, Oct. 7, 1865.)

"Last, but not least, is one of modern days—and with whom many of us have held intercourse here—one who not long since taught us from whence I now address you; I speak of Sir Benjamin Brodie. Brodie was not only a pupil here, but he held office as assistant and surgeon to the hospital above a period of thirty years. His advent was perhaps under more favorable circumstances than that of many who enter the medical profession. Related to Baillie, to Denman, to Croft—men who enjoyed in a high degree, as they deserved, the public confidence—and the friend of Sir Everand Home, Brodie might readily have secured competence had he merely 'trimmed his sails to every breeze,' or allowed his vessel to float as the tidal influences of patrons might have directed it. But he was made of sterner and harder stuff than to take things easily. Work was his second nature. With a small, spare frame of body, he was endowed with great activity and untiring energy of mind. He was intensely devoted to his profession, unremitting and most punctual in the discharge of his hospital duties. He was ever a willing teacher; an impressive clinical instructor. His long and active life was devoted to science and to the cultivation of physiology and surgery. But with us, and probably with the whole profession, his name is more especially associated with his work 'On the Disease of the Joints.' A more accurate treatise on this subject could not have been given to the profession; nor does late experience add much material to the pathology of the subject. It can not be otherwise. The patient study of disease at the bedside, and the investigation of its results in the dead-house; the careful and correct record of his observations; the honest opinions he arrived at and noted after long-continued and extensive experience; the simple and clear language in which his information and thoughts are conveyed to the reader, these are the qualities which have long placed the stamp of approval on Brodie's work, and which

will secure it still the position of a work of reference on the diseases of which it treats. Take the trouble to study this work; take the pains to verify his observations in the living and the dead, and your inquiries will substantiate his means of conclusions. His writings are based on researches the most accurate in character; and as the varieties of diseases affecting bones and joints are not new-born with each succeeding age, so Brodie's observations will be held in authority for years to come.

"The combination of characteristics, such as Brodie possessed, insured him in early life an amount of public confidence and success hardly to be surpassed and rarely to be equaled. Hard work and constant study of his profession were the true sources of his early success; and though he might have received important aid from others in a position to help, Brodie's work insured Brodie's success. He made himself ready for the opportunity; it came; he never lost hold of it. He died full of years and full of honors. Honored by his sovereign, respected by the public, tested and trusted by his craft, he had occupied the highest chairs which science and surgery afford. He leaves behind him the bright example that intense love of a profession and determined devotion to duty may surely secure reputation, independence, and even honor. As one who listened while he lectured here, and who gleaned much from the practical lessons he inculcated in the wards of this hospital, I have ventured to pay this tribute of respect to him whose whole heart was in his work; who always aimed to throw light on the principles, and who in many respects succeeded in advancing the practice of surgery."

Valentine Mott, M.D., LL.D.

The following is the most comprehensive synopsis we have as yet seen of the life of this distinguished surgeon, who died but a few months since. It appeared in the *London Lancet* for May, 1865:

"This patriarch of American surgery, one of the most celebrated of the disciples of the illustrious Sir Astley Cooper, died Wednesday evening, April 26, 1865. He was born at Glen Cove, Long Island, on the 20th August, 1785. The family sprang from the parentage of a wealthy English gentleman, who established his residence on Long Island as early as 1667.

Young Mott graduated at Columbia College, after which, in November, 1806, he visited London and entered Guy's Hospital as a pupil to Sir Astley Cooper. The surgical operations of Sir Astley Cooper soon kindled in him a desire to emulate the skill of his tutor. His genius

and inclinations soon attracted the attention of his master, who had a great opinion of him, and originated a friendship which terminated only by *death*. Mott remained at Guy's about two years. Having there laid the foundation of his subsequent success he visited Edinburgh, where he attended a course of lectures, after which he returned to London and resumed his attendance upon the lectures at Guy's and St. Thomas' Hospitals. It was his original design to complete his curriculum at Paris, but the interdiction of intercourse between the two countries compelled him to abandon the project, and he returned to America in the fall of 1809. Upon his arrival he immediately commenced the practice of his profession in the city of New York. In the fall of 1810 he was made demonstrator of anatomy. Subsequently he was elected professor of surgery in Columbia College. When intrusted with this important position he was not quite twenty-six years old. In 1814 he was appointed surgeon to the New York Hospital, a position which he held for some years. In 1826 he was professor in Rutger's College. Subsequently we find him professor in the College of Physicians and Surgeons. During his extended career Dr. Mott performed some of the most remarkable operations known in the history of surgery His first great achievement was in 1816, when he performed the difficult and delicate operation of placing a ligature round the brachio-cephalic trunk, or arteria innominata, for aneurism of the right subclavian artery. This was the first operation of the kind in history, and the patient lived twenty-six days after. When Sir Astley Cooper heard of this wonderful achievement of his pupil, he remarked: "I would rather be the author of that one operation than of all I have ever originated." Dr. Mott's operations on the great arteries were unparalleled in the annals of surgery. He tied the carotid forty-six times, the subclavian seven times—every one of them successfully; the iliac seven times, four successfully; and the femoral fifty-two times; cut for stone one hundred and sixty-five times, and amputated nearly one thousand limbs. In 1827 he tied the primitive iliac artery. It was the first time this operation was performed in any country, and was perfectly successful. The subject of it, in 1856, was still living, his life thus having been extended nearly thirty years. From 1818 to 1824, Dr. Mott performed a variety of operations on the jaws, both upper and lower. On the lower jaw he has performed sixteen capital operations, in four instances removing the bone at its temporo-maxillary articulation. On the 17th of June, 1827, he extirpated the entire clavicle for osteo-sarcoma. This operation originated with him, and has been performed but twice since—once by Warren, of Boston, and once by Travers, of London.

The subject, a distinguished clergyman of the South, was still living a few years before the rebellion. In 1834, Dr. Mott visited Europe for relief from his arduous labors, remaining seven years. In 1841, immediately after his return, he associated himself with others in founding the University College of New York. The first winter it opened with three hundred students, by far the largest class ever inaugurating any medical college in any other country. To the great name of Mott, more than to any other influence, was this extraordinary success mainly due.

"Dr. Mott (with Drs. Stevens and Isaac Wood) was one of the projectors of the New York Academy of Medicine, in which he held the position of president. During his life he had conferred upon him more honorary distinctions than any other medical man in America. He received the degree of LL. D. from the regents of the University of the State of New York in 1849. Besides being an Honorary Fellow of the medical societies of the State of New York, Rhode Island, Massachusetts, New Jersey, Louisiana, etc., he was foreign associate of the Imperial Academy of Medicine of Paris, a distinction held at the time by but one man in Great Britain (Marshall Hall), and one in America (Mott). He was also Honorary Fellow of the King and Queen's College of Physicians of Ireland, Fellow of the Royal Medico-Chirurgical Society of London, of the Royal Medical Society of Brussels and of Athens, of the Chirurgical Society of Paris, and he was Knight of the Fourth Order of the Mejidid of Constantinople, etc. The King and Queen's College of Physicians of Ireland was founded in 1646, and during the last two centuries it has conferred honorary fellowship but about twenty times and one of these was upon the illustrious Mott. His principal works were his edition of Velpeau's Operative Surgery, his "Travels in the East," and his various surgical papers contributed to periodical medical literature for the last forty years. His greatest merits were in operative surgery. He successfully performed more of the larger operations than any other one man. He unquestionably stood in America at the head of his profession, and the richest legacy he has left are the hundreds of well educated pupils throughout the country, alleviating the sufferings of humanity by disease, accident, or casualties of war. In this country Mott was the representative American surgeon, and his name was a household word with British surgeons."

Death of Professor Malgaigne.

France has just lost one of her greatest surgical celebrities in the person of Professor Malgaigne, who, seized, a year since, while occupying the chair as president of the Academy of Medicine, with some ill-defined cerebral affection, attended with great prostration, has lingered on to the present time, not having yet reached his sixtieth year. It is said that prior to his illness he was engaged upon a large work on hernia, which he was ambitious should contribute as much to his fame as his classical treatise on fractures and dislocations has done.

Malgaigne seems never to have attained a large practice, his true sphere of activity appearing to have been rather the professor's chair and academical tribune. Conquering his way from a humble position by *concours* after *concours* to the highest posts attainable, he knew well how to hold his own; and gifted with an unrivaled eloquence and a formidable power of sarcasm, the part he took in the debates in the academy was of great importance and always looked forward to with intense interest by his auditory. With all his power of eloquent combativeness and critical acumen, he was in private life a man of the most genial disposition. [We learn that M. Richet has been appointed his successor in the school of medicine.]—*Med. Times and Gazette.*

Deceased Professors of the Medical College of Ohio.

By M. B. Wright, M.D., Professor of Obstetrics Medical College of Ohio; Obstetrical Physician to the Commercial Hospital, etc.

Daniel Drake, the founder of this College, was a constant laborer in the fields of literature and science.

His work on the Diseases of the Valley of the Great West bears evidence of his investigating mind, and his zeal in the promotion of true knowledge, as well as his desire to elevate Western medicine into its true, dignified position. That work was designed, not so much to reflect his own thoughts and experience, as to embody the thoughts and experience of practitioners located in different sections of the West. The different modes by which the same disease may have been successfully treated, may there be observed by a single glance. I know not to what an extent it may have received patronage, but I know that medical men, identified with the West, will be unjust to themselves unless they give to his work a prominent place in their memories.

From his ready use of language, distinctly expressive of the idea in his mind; from his self-control in the discussion of important topics, and from his multiplied resources, one might naturally infer that his literary education was obtained from careful and finished masters. Not so. He was, in the general sense, a self made man. He started out in life with a strong will,

ready and willing to encounter difficulties, and he was always great whenever the subject of his keen analysis was great.

If any have expressed doubts respecting his enduring patience and unfaltering judgment during the treatment of protracted disease, there are none unwilling to award to him full credit as a wise, discriminating counsellor.

Identified with the profession of the West at a time when men relied upon personal observation and experience rather than lectures and periodicals, and realizing the embarrassments to professional progress, he became, at an early period, a leader and participator in such organizations as tended to facilitate the improvement of scientific and practical medicine. From the day the corner-stone of this institution was laid to the hour when his spirit took its flight to higher regions, his aspirations were that it should stand as a perpetual source of knowledge and power.

He was ever restless from a desire for some mighty achievement—he chafed under defeat—he was almost unwilling to acknowledge the superiority of a rival.

Jesse Smith was one of the three professors who occupied the chairs in the school during its early struggle. He was a man of strong intellect, and equally strong will. Facts coming from a high source, and well sustained, he embraced eagerly, and subjected them willingly to the test of experience, but he was utterly heedless of hearsay evidence. His skill as an operator was of a high order, and for the period his operations were frequent. The operation of lithotomy was performed by him more than sixty times. Such a man could not be otherwise than a sound, practical teacher. Men of extremes become popular as lecturers. The one of polished language and ease of manner—the other of plain every-day expressions, enforced by movements that have no relation to the graces. To the latter belonged Dr. Smith.

Josiah Whitman was one of the early professors of the College. His lectures were more solid than attractive; his words, like his physical movements, were slow and ponderous, requiring the eager, active intellect of the student to brace itself against a constant disposition to run ahead of the topic immediately before it. To the student such lectures, like the forward and backward movements of the body, are attended with great fatigue.

I state this as a fact, not by way of criticism, for it requires a nice adjustment of voice, manner and matter, in a lecturer, to be perfectly adapted to the taste and capacity of the hearer. Indeed, it is scarcely possible for any one man to be received by all other men as a model without defect. One is graceful, another awkward—one goes lumbering along as if overburdened with ideas—another talks as flippantly as if every word came from an oily tongue, and contained a full idea. One is all action; another all repose—one combines mind and muscle, as if beating ideas into the brain, while another is gentle, soothing and persuasive.

To judge of the merits, therefore, of Dr. Whitman, he must be compared with no one but himself. He was a plain, blunt man, with no polish in sentiment or sentences.

As a diagnostician, Dr. Whitman had no superior among his professional

brethren of known standing. While others were confounded in the investigation of a case, his mind removed at once all obscurities, as if under the guidance of intuition. Was this enviable accomplishment the result of a practical mind, directing all its attainments and energies to a practical end?

A word of encouragement has sometimes animated dormant ambition, and fired the torch by which men have moved on to greatness. A few words of instruction, hurriedly expressed, have been worked into a maxim, and esteemed of more value than the brightest gem in the casket. A very short sentence, in all probability, moulded the character of *John D. Godman.* When a boy, he engaged on board of a ship as a sailor. He was ordered to the masthead. During his ascent he stopped, looked down upon the deck, became giddy, and when about to fall, the captain cried out, almost loud enough to have stilled the waves, "Look aloft, you lubber!" He obeyed the command, the ship plowed steadily on, every rope was in its place, the step was more firm and sure, the sailor boy was saved.

That command sank deep into the heart of Godman, and became with him, ever after, a living, guiding principle. He studied medicine, and before his majority in years, and before he had received his degree, he became an occasional lecturer.

A few years of almost unaided labor made him a linguist. He was the only man I have ever heard who could dissect rapidly, and at the same time describe fluently the tissues being exposed under the knife.

A thought, a look, coming up fresh in the memory, will sometimes bring up with equal freshness the whole man. By the preceding remark I am reminded of the ease and grace of his manner, and of a striking declaration made while lecturing on physiognomy. "Children and dogs," said he, "are considered by some as physiognomists by instinct. If this be true, what am I to think of myself. I have great difficulty in making friends with children, and dogs bark at me as I pass them?" He was elected to the anatomical chair in this school, but the field for investigation in some of his favorite pursuits was too limited, and he returned to Philadelphia.

Daniel Oliver had written a work on physiology which embodied the elementary knowledge then possessed upon the subject, and was well qualified to occupy a chair in the Medical College of Ohio. He was a man of great dignity of character and high moral worth—a man of classical taste and extensive erudition. He had been the compeer of Mussey and Delemater, names venerated and cherished with profound regard by us all. He was as unpretending as learned—more fond of acquiring knowledge in the closet than proclaiming it from the forum.

Incipient cancer of the throat, of which he ultimately died, shortened his efforts, and prevented him from securing that enduring reputation among Western students to which he was justly entitled. He was peculiarly instructive to those who preferred carefully written to oral lectures.

Jedediah Cobb was an early and somewhat late professor in this institution. He could use his silvery voice with great fluency, and his hearers, many of them now old physicians, considered him a model lecturer. He fully illus-

trated the fact, to remember and use medical knowledge with profit, it must be reproduced in the mind; and notwithstanding he had been a lecturer many years, he never attempted to delineate anatomical structure without preliminary arrangement and close review.

John Eberle is known to every reader of medicine. His work on Materia Medica, and later work on Practice, are as living monuments of industry, laborious compilation, careful observation, and of wise instruction. The issuing of his work on Materia Medica seemed, at first, like one of the most daring attempts at authorship ever witnessed. The work of Chapman was captivating in its style, and led young men at once to embrace his cherished doctrines of so-called solidism. Eberle took high ground in favor of the absorption of medicine, and expressed his views in more compact and perhaps purer language. The one looked to the beauty of the portrait, the other to the correctness. The doctrines of the one have by time been brought into narrow limits, whilst those advanced by the other have been gradually expanding. The name of the one had gone upon the winds as an eloquent lecturer—the other was known as an humble author. He was soon recognised as a safe guide, giving credit where due, denouncing only where life seemed in jeopardy, and advocating only where sanctioned by judgment and experience. It has been considered a dangerous experiment for a man to become an author and lecturer upon the same subject, yet he was successful in each capacity. If he had any defects of style, they were compensated by the amount of information conveyed. His slight German pronunciation, observed at times, gave evidence of early impressions.

Staughton lived long enough to furnish evidence of his sterling ability. It is a common remark, the truth of which is too often confirmed, that the son lives on the reputation of the father. Staughton was an exception to this rule. The father was an eloquent and distinguished divine. The son felt that he, too, must learn to labor, not to be overshadowed by contrast. He duly estimated himself, and then went vigorously to work to discharge his various obligations. As a lecturer on surgery he had few equals. If voice, manner and matter, in close and impressive harmony, constitute eloquence, he was in truth eloquent.

W. T. Marshall studied medicine with Dr. Taliaferro, a gentleman of high standing in his profession. He received the degree of Bachelor of Arts at Augusta College, and graduated in medicine at the University of Pennsylvania, to which so many of us are indebted for its honors. He prosecuted science for its pleasures and advantages, and he was too ambitious to loiter in the race before him.

It has been said "he learned language while sliding down a cataract." Certain it is that no man possessed greater volubility of speech. Earnestly engaged in the discussion of a subject, his words followed each other in such rapid succession, men stood aghast lest there should be no break, no termination to the chain; and he possessed the strange faculty of so using and transposing words, as to make the same combination of ideas as various as the figures in the kaleidiscope. He was an earnest and aspiring teacher.

From the genial nature of *John T. Shotwell*—from his fondness for jest and pun, and social enjoyment—one might suppose he eschewed every thing of life in its rough and manly conflicts. But he became a good anatomist, using his knife with such care and neatness as to make dead muscle look like the smooth painting of a skillful artist, and he became a clear, methodical and instructive lecturer. He had accumulated and arranged many useful as well as attractive specimens in natural history, and had supplied his cabinet with many minute preparations, the result of his own handiwork.

The name of *John Locke* is familiar to the lovers of science everywhere. I have spoken of him, in another place, in these words: "If a mind, that can fathom and comprehend deep and abstruse things; if genius, that can originate, and skill, that can execute; if will to labor, and patience to endure, constitute greatness, Dr. Locke was, truly, a great man. He had the inspiration and language of a true poet; he understood music as a science; he could sketch the landscape with the accuracy of a practical artist; he was a mechanic, a mathematician, an astronomer, a chemist, a philosopher, a logician, a physician. He had studied all things upon the surface of the earth, had penetrated into its hidden depths, and had formed an intimate, every-day acquaintance with the beauty and glory that surround it."

You may inquire, how was his mind enriched by such profound and varied knowledge? Who were his learned instructors? I answer, knowledge was acquired by study and investigation, directed by his own judgment: while discovery after discovery, investigation after investigation, structure after structure, were brought forth by the powers of his own unaided genius.

Prof. L. M. Lawson graduated at Transylvania University in the year 1834. My knowledge of him reaches back to a period soon after his entrance into this city as a practitioner. He came without means and without patronage, relying for success upon acknowledged worth. The dull routine of limited practice, which initiates the professional life of almost every man, did not afford satisfactory occupation for his mind. He, therefore, sought facts in the pages of current medical journals, and becoming more and more interested in them, he commenced the publication of the Western Lancet. He had estimated the labor, counted the cost, arrayed the discouragements conspicuously before him, and was impressed with the certainty of success.

While the work was struggling into existence its selections were made, its papers were prepared, its editorials were written, its type was set, its printing done, its proof read, and its sheets were folded, in the office of its editor. It required all this combination of effort to infuse existence into the infant publication. Often it seemed about to expire, and the dark pall to be spreading over it, but it was again reanimated by rays from that guiding star.

Prof. Lawson possessed the great merit of knowing himself. From him came no sudden emanations of dazzling thought; he did not reach far and wide to gather in at once a multiplicity of ideas, but he accumulated by a calm, even current of investigation.

His perceptions were not quick—they may not have been slow—but his conclusions were carefully drawn. Much to our profit, there was a clearness

in his thoughts and utterances, the result of careful practice, as well as a just appreciation of the force of language.

Some men can impress ideas upon paper as rapidly as pen can be handled. A great accomplishment! By comparing the early editorials of Professor Lawson with his writing of a more recent date, a perceptible difference will be found. Time and practice had improved his style until it had become, according to the opinions of men of literary taste and judgment, perfect.

The introduction of Dr. Lawson into professional life would have been discouraging to most men. It may be that his slow increase of patronage was necessary to give strength to his character. The plant that matures in a night has but a brief existence, while the oak, diminutive at first, increases in compactness, continues to grow for centuries. The rocket flies swiftly into the air, carrying its light before the gaze of an admiring multitude, but it bursts at a certain elevation, falls, and is lost among the rubbish of earth. If you take Prof. Lawson in his maturity as your model, remember that his ascent was gained by gradual, continued, measured steps.

In his work on Pulmonary diseases we have full evidence of his accurate observation, his reasoning and clear delineation of facts. Even European reviewers have been forced to acknowledge its great merits.

John P. Harrison was the compeer of those already named, yet he was as unlike them all as they were unlike each other.

Lawson was about medium hight, perhaps rather small; not clumsy in his movements, nor yet strikingly elastic.

Drake was slender, nervous, and when impatient to advance, took long and awkward strides.

Shotwell, after mature manhood, was inclined to corpulency, and while walking, an observer would be impressed with the idea that he was listening for the salutation of some boon companion, "How are you?"

Locke, in his head and frame, was large. He had no gait—in other words, his movements were in accordance with his ideas, straight or crooked, just as the subject occupying his mind was clear or abstruse. He generally knew where he was going, but he did not always know where he was. He accumulated locomotive power enough at the start to carry him where he desired to go, and then his intellect shot off among the stars, or bounded over the earth in quest of facts and illustrations from nature and art.

Harrison was tall, slender and elastic.

Shotwell's style of delivery was neither attractive nor repulsive. It had a kind of every-day familiarity about it which made those feel at ease who became engaged in listening. He had neither the gift nor the inclination to multiply words, but his language was to the point, and his demonstrations were attractive. His voice had none of the smoothness and polish of a careful, practiced speaker, but it was full-toned and distinct in its articulations.

The casual listener was seldom impressed favorably with the elocution of *Locke*, yet he secured attention by the freshness of his investigation, and the confidence pervading the minds of all, that in him science and truth had found a worthy representative. He worshiped nature with an enthusiasm

bordering on idolatry, and when describing her, in all her simplicity, beauty and grandeur, his enthusiasm became electric.

Whilst most men commenced their addresses calmly and cautiously, as if feeling their way, becoming more and more animated as the subject expanded into distinct proportions, *Harrison* enunciated his propositions with as much clearness, earnestness and elevation of voice, as if exulting over success already achieved.

Lawson was calm in his feelings, condensed in language, and somewhat monotonous in his utterances. He witnessed life in all its phases of suffering and want, but his facts were compared, methodized, and estimated in solitude. Link after link was connected, until the chain was complete; the one exciting no more enthusiasm than the other, hence the quiet, self-possessed thinker, became the quiet, unimpulsive lecturer.

Drake commenced speaking slowly, with long-drawn words and prolonged intonations, and with an expression that seemed to reflect a degree of sanctity upon the subject. But after the basis of his argument had been substantially laid and clearly defined, he rose in animation, until he appeared to be sustaining his views as a part of his very self. Yet, his whole powers were very seldom manifested except in the midst of strong opposition. Then no man could fail to acknowledge his skill in the use of the rules of logic or the weapons of debate.

Words were always at command, sentences were abridged, lengthened and rounded at will. If his theories were not always right, they were presented with such zeal and honesty of purpose as to make us regret they were ever wrong. The man who desired to assail his opinions always found the sentinel at his post, always observed the fires of his genius burning, or in a condition to be easily kindled; always ready to meet opponents from whatever quarter they might come. In argument, he could with equal skill use any weapon justified by courtesy, or the importance of the subject. A standing sentiment with him was, "Make your antagonist afraid of you, and your triumph will have been half secured." By some of his admirers this sentiment has been grossly misconstrued. They are always effervescing with bad temper, always ready to provoke a quarrel. He did not intend to convey the idea that fear should be induced by an exhibition of pugilistic propensities, by an expression of brute force, but that young men should so prepare themselves with knowledge as to be always formidable in the defense of truth.

ROBERT THOMPSON, M. D.*

DIED, at Columbus, O., on the 18th day of August, 1865, ROBERT THOMPSON, M. D., in the 68th year of his age.

In the decease of the subject of this memoir, the medical profession has lost one of its brightest ornaments. Dr. Thompson was a man of no ordinary character. He was in many respects self-made. As in exceptional cases of men of genius, he triumphed over early disadvantages and obstacles in the way of success, realizing an elevated status in his profession and in general society, leaving behind him an enduring and enviable name. He was born in Pennsylvania in 1797; at an early period of his life applied himself to the study of natural sciences, and read medicine with Dr. George McCook, formerly of New Lisbon, O. His preliminary education was limited; this, however, was compensated for by the possession of sterling common sense, acute powers of observation, and indomitable energy, which enabled him to test the rationality of medical doctrines, and to apply correct rules of practice. The strength of his mind, and the solidity of his attainments soon became appreciated by the Faculty and Trustees of the Medical College of Ohio, who conferred upon him the honorary degree of Doctor of Medicine.

The duties devolving upon him as a public man, were of a mixed character. Beyond the range of professional life, he took a lively interest in public affairs. In 1832–3 he was a senator in the State Legislature from Guernsey and adjoining counties; and during the following year he became a resident of Columbus, where he remained until the close of his life. For eighteen consecutive years he was physician of the Ohio Deaf and Dumb Asylum; and for a considerable portion of that time, a Trustee. He was a special commissioner appointed by the Legislature to investigate the affairs of the Medical College of Ohio, in its relations to the state; and when the cattle disease prevailed in the eastern states, he was selected by Governor Dennison as a commissioner, with Mr. Klippart and others, to inquire into its pathological and epidemic character. The writer, at his request, joined him in Boston on that occasion, and can testify to the fidelity and efficiency with which he discharged that and other public trusts.

* The late Dr. Robert Thompson, of Columbus, was one of the most able and eminent members of our profession in the state. His former pupil, Dr. Edward Mead, has kindly furnished us with a most interesting tribute to his memory.

His labors in behalf of medical and surgical science were large and diverse. When the necessity for associated effort for common improvement, and thus ultimately for public good, became apparent to the members of the medical profession of the state, he was among the foremost in organizing the State Medical Convention, which for some years held annual sessions, prior to the organization of the State Medical Society. When that body became permanently established under a state character, he was one of the original corporators; and during its progress, in one or both of its forms, was its President. Subsequently, when the American Medical Association, and again the National Quarantine and Sanitary Convention, took definite form he was a member of both.

He possessed a remarkable mechanical genius, bringing forward incessantly, and at all times of his life, proofs of constructive ingenuity, both in and out of the profession. Of his achievements in the former connection, a portion only can now be enumerated. His abdominal supporter for the treatment of prolapsus uteri, has stood the test of thirty years' experiment and experience. The writer exhibited it in 1841 to Prof. Simpson, Dr. Kennedy, Dr. Isden, and other distinguished gentlemen in Europe; and, on comparison with their own inventions, its superiority was at once acknowledged. His gouge bone-forceps has received universal commendation from distinguished surgeons. Although forceps with single and compound levers for bone cutting, have been in use, no instrument for such a purpose, and none, with its specific advantages, has ever been hitherto employed. Besides these may be mentioned an instrument for the removal of enlarged tonsils, a pair of Uvula scissors, a Cornea knife, a Cataract needle of peculiar construction, a Tourniquet, a Trephining instrument, and others of the highest value in surgical and obstetrical practice. Some of these he was in the habit of making himself. Possessing original inventive genius and delicate manual skill, which can never be communicated by order to others, whenever a new practical advantage was to be gained, in the alteration of an instrument already in use, or new application of a mechanical principle to be taken advantage of, he would go into the carpenter's, blacksmith's, or machinist's shop, and work it out according to his own conception of its ultimate use, and never can it be shown that his idea in this respect was chimerical.

His inventive genius did not confine itself to surgical practice. Among his other discoveries may be mentioned a plan for street railroads in populous cities, elevated above the sidewalks, a carriage hub, a plow, an instantaneous railroad brake, a self-coupling railroad car to prevent accidents, and a plan for the instruction of the blind in writing. The last named and his gouge forceps were favorably noticed by the appropriate committees of the World's Fair in London, in 1851, where they were on exhibition.

There was no department of professional usefulness which failed to secure his attention and active co-operation. The necessities of the insane stimulated him to act first among those, if not himself the originator, who projected the establishment of the Ohio Lunatic Asylum.

In other branches, his numerous papers, published in the transactions of

the state organizations, bear testimony to his activity in scientific pursuits, and particularly in whatever appertains to medical science and art. New remedies were submitted to practical test, and their real claims sustained, or pretentious ones rejected. Possessing positive mental characteristics, *authority* without reason had no influence with him in the formation of opinion. To the investigation of physiological and pathological doctrines, and especially to points of practice, he brought a clearness of thought and an independence of will that could not fail to lead to logical results. Hence, his criticisms, though keen, could seldom be controverted. Sometimes his enthusiasm in pursuit of an idea led him in unpopular directions, in which, however, as in his case, a bold, original, philosophical thinker, can never go so far as to incur censure, except among weak and prejudiced minds.

He practiced medicine forty years. As a diagnostician, his clearness of perception was unsurpassed. In the treatment of cholera he had marked success, where less practical minds failed. His views upon diet ran counter to all former teachings in the treatment of fevers, puerperal diseases, and other pathological conditions. The demands of the stomach, where that organ remained intact, constituted his guide; and he inaugurated a new era in practice in this respect.

His surgical operations were numerous, comprising some of great importance; among these the removal of the upper maxillary bone, ovariotomy, removal of cancroid tumor of the epigastrium, etc. He was the first to operate in cases of double cataract upon both eyes at the same sitting; and although at first opposed by eminent surgeons, his success at length sustained the correctness of the practice.

His social character was kind and amiable. Who knew him best esteemed his worth the highest.

He left behind him papers, unfinished; some of them upon various topics, which it is in contemplation to revise, and present to the medical and scientific public.

Thus has passed from among us one of the wisest and best of men.

F. M.

CINCINNATI ACADEMY OF MEDICINE—DISCUSSION ON CHOLERA.

[We propose, in each number of the Journal, to give a *resume* of the proceedings of the Academy. Whenever important papers are read, we will furnish full abstracts, or present them in their entirety.]

The discussion of the *causes* of Cholera has occupied the Academy for several weeks. The subject was opened by Dr. John F. White, in a very able and exhaustive paper on the "Remote Causes of Cholera," in which he discussed the miasmatic, the contagious, and the zymotic theories of the propagation of this disease. He gave due prominence to the immortal researches of Dr. Snow, of London, whose investigations, it will be remembered, tended to establish an intimate relation between contamination of potable waters and the spread of cholera.

At the request of the Academy, Dr. White continued this subject at the following meeting, by reading a paper on the "Auxiliary Causes and Means of Prevention of Cholera." This paper embodied the principal known facts in the etiology of cholera. We may sum them up as follows: Poisons produced in the process of decomposition of animal and vegetable matter; crowd-poisoning; influence of altitude; old age; chronic disease; bad hygiene; mal-nutrition; intemperance; fear, etc. As respects prevention, he advocated personal and municipal cleanliness; in a few words, the most approved measures of public and private hygiene. He favored the establishment of cholera hospitals and asylums, and opposed quarantine, which he characterized as "ropes of sand."

The discussion which followed the reading of these papers was participated in by Drs. John Davis, Thomas Carroll, Geo. Fries, J. J. Quinn, C. S. Muscroft, G. R. Patton, B. F. Richardson, Hiram Smith, and others.

Dr. Davis, who is a strict contagionist, supported his view of the mode in which cholera is propagated with great ability and clearness. Dr. Carroll coincides with Dr. Davis as respects contagion. His report upon the history and topography of the cholera outbreak in Cincinnati in 1849, was exceedingly interesting and valuable. It is deserving a permanent place in the literature of this disease.

Dr. Hiram Smith read a good paper, which, we regret to say, did not meet with the attention it really deserved. Dr. Fries narrated some very striking incidents of the propagation of cholera introduced into a country district by an infected person. Drs. Patton, Quinn, and Richardson opposed the doctrine of contagion, and advocated the theory that cholera is an epidemic infection, perpetuated by external localizing conditions.

The pathology and treatment will form the subject of discussion after the termination of the holiday interregnum.

Syphilization.

In June last, Prof. Boeck, of Sweden, appeared before the Venereal Commission in London, and gave his evidence in favor of syphilization in the treatment of constitutional syphilis. Such was the impression made upon the minds of Mr. Skey and Mr. H. Spencer Smith, the President and Secretary of this Commission, that they at once sanctioned the invitation extended to Prof. Boeck by Messrs. Jas. Lane and Gascoyne, of the Lock Hospital, to give a practical demonstration of his treatment in that institution. Prof. B. commenced his experiments in September, and the results are watched with great interest by the profession in London. We shall refer to this subject again in a future number.

Copeland's Dictionary of Practical Medicine.

An abridgment of this laborious work has been prepared by the author assisted by his son. The bibliography and references of the larger work have been omitted in the abridgment, and it has been brought up to the existing state of special pathology and therapeutics.

Pereira's "Materia Medica," in one volume.

We observe that an abridgment of the extensive and erudite work of the late Dr. Pereira, arranged in conformity with the British Pharmacopeia, and adapted to the use of medical practitioners, chemists, druggists, etc., has been prepared by Dr. J. F. Farre, F. L. S., assisted by Messrs. Robert Bentley and Robert Warrington. The two large volumes of the original work have been compressed into one, and numerous additions and alterations made to conform to the present state of knowledge in that department of medical science.

We note, among foreign professional news items of interest, the fact that the handsome sum of two thousand pounds sterling has lately been bequeathed to University College Hospital, London, by Mr. Arthur Woodriff Jaffray, who is described as "a wealthy and benevolent American merchant."

The celebrated consumption "curer," Dr. Robert Hunter, was recently tried in London for committing a rape on a patient under the influence of chloroform. The jury returned a verdict of "not guilty." The judge, in his charge to the jury, remarked that he could not remember a case in which more fearful wickedness was imputed by each party to the other. The *London Lancet*, in its editorial of Dec. 2, justly observes that those whose professional duties necessitate their personal examination of the opposite sex, will do well to profit by the teaching this trial suggests, and to provide against the possible repetition of such accusations. It adds, in no instance should such examinations be conducted, except in the presence of some female friend of the sufferer, or of some female domestic, for the protection of the practitioner.

Dr. Burton, of Birmingham, Eng., has reported, in the last number of the *Dublin Quarterly Journal of Medical Science*, Nov., 1865, a case in which an artificial tooth and plate were swallowed during an attack of puerperal convulsions. It is stated that the patient recovered from the convulsions, but died four days afterward of gastritis.

Cholera.

Dr. Barth, so widely and so favorably known to American as well as French physicians, among other practitioners, has been entrusted with the cholera patients in the Hotel Dieu, Paris, and has given, in a lecture, his views on the recent epidemic in Paris. He believes, as must the majority of physicians who have seen much of this disease, that an excellent chance exists of saving a very large proportion of patients, if the earliest symptoms of diarrhea and vomiting are at once treated. He recommends house-to-house visitation. Patients should, if possible, be placed in large, well-ventilated rooms. He advises relays of nurses, so that remaining in the sick room for any long time may be avoided, and that the dejections should be at once removed. He opposes the use of purgatives, as there is no ball of irritating matter in the intestines to be cleared away. Calomel, he thinks, might be used as an alterative. Stimulants should be given in moderation, lest excessive reaction should be excited. Quinine may be useful when there are remissions. He does not believe in specifics, but suggests that the attempt should be made to stop, and to make up for, the loss of serum. Cold should be combatted, and means used to allay the cramps. Astringents should be given by the mouth and in enema. Administer stimulants, especially ammonia. Rouse the circulation by frictions; warmth to the surface; mustard baths; hot air baths, etc. Allay the thirst by abundant drinks; and if there is vomiting, give ice and seltser water. If the reaction is excessive, it must be moderated by appropriate treatment. In conclusion, Dr. Barth expressed the opinion that our best hope must be in improving the sanitary condition of towns and their inhabitants, and by attempts to root out cholera at its source.—*London Times and Gazette, Nov.* 25, 1865.

Gunpowder Marks.

Dr. H. Davies, in the *London Lancet*, Dec. 9, states that he has found the following treatment most successful: Smear the scorched surface with glycerine, by means of a feather; then apply cotton wadding; lastly, cover over with oil silk. In one of his cases the discoloration was very great, the poor sufferer looking more like a mummy than a living being. It entirely subsided in a month by the above treatment.

M. Jobert de Lamballe.

We learn from the *London Times and Gazette*, Nov. 25, that this celebrated Parisian surgeon is at present the inmate of a private lunatic asylum, with little hopes of recovery.